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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/763,421	01/26/2004	Takashi Ooto	402954/SOEI	4716
23548 LEYDIG VOI	7590 07/14/2008 T & MAYER, LTD		EXAMINER	
700 THIRTEENTH ST. NW			ANYIKIRE, CHIKAODILI E	
SUITE 300 WASHINGTON, DC 20005-3960			ART UNIT	PAPER NUMBER
	,		2621	
			MAIL DATE	DELIVERY MODE
			07/14/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

## Interview Summary

 Application No.
 Applicant(s)

 10/763,421
 OOTO, TAKASHI

 Examiner
 Art Unit

 CHIKAODILI E. ANYIKIRE
 2621

	CHIKAODILI E. ANYIKIRE	2621	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>CHIKAODILI E. ANYIKIRE</u> .	(3) Jeffrey Wyand.		
(2) <u>Tung Vo</u> .	(4)		
Date of Interview: 08 July 2008.			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: 1.			
Identification of prior art discussed: Yes.			
Agreement with respect to the claims f) was reached. g	j)□ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>A review of the application and prior art.</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTFILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/Chikaodili Anyikire/		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	